ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Alex

2. Surname (Last Name)  
   Gornitzky

3. Date  
   01-January-2020

4. Are you the corresponding author?  
   Yes   No

   Corresponding Author’s Name  
   Ishaan Swarup

5. Manuscript Title  
   Diagnosis and Management of Osteomyelitis in Children: A Critical Analysis Review

6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement

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Dr. Gornitzky has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Arin
2. Surname (Last Name)  Kim
3. Date  01-January-2020

4. Are you the corresponding author?  
   Yes  ☑  No

5. Manuscript Title
   Diagnosis and Management of Osteomyelitis in Children: A Critical Analysis Review

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Kim has nothing to disclose.

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1. Given Name (First Name) Jennifer
2. Surname (Last Name) O’Donnell
3. Date 01-January-2020

4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Ishaan Swarup

5. Manuscript Title
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1. Given Name (First Name)  
Ishaan

2. Surname (Last Name)  
Swarup

3. Date  
01-January-2020

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✔ Yes  
No

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